FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000037999 (6)

1. Corporation Name
CAMPUS INFORMATION SERVICES, INC.

Principal Place of Business
1923 BEACH DRIVE SOUTHEAST
ST. PETERSBURG FL 33705

Mailing Address
1923 BEACH DRIVE SOUTHEAST
ST. PETERSBURG FL 33705

3. Date Incorporated or Qualified: 05/12/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 535 Central Ave
Suite, Apt. #, etc.
22 Ste 411
City & State
23 St. Petersburg FL
Zip 24 33701 Country 25 USA

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

TRAMMEL, KIRK D
1923 BEACH DRIVE SOUTHEAST
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name: Kirk D. Trammel
82 Street Address (P.O. Box Number is Not Acceptable): 535 Central Ave., Ste 411
83
84 City: St. Petersburg FL 85 Zip Code: 33701

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 7/19/96
Signature, typed or printed name of registered agent and title, if applicable — NOTE: Registered Agent's signature required when not printing — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President & Director	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Kirk D. Trammel		1.2 NAME	
STREET ADDRESS	535 Central Ave., Ste 411		1.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33701		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE	Treasurer & Director	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Neil J Bradley		3.2 NAME	
STREET ADDRESS	5700 Escondida Blvd, Ste 401		3.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33715		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/19/96 813898-7702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #